

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 29, 1999 8:00 am
Secretary of State

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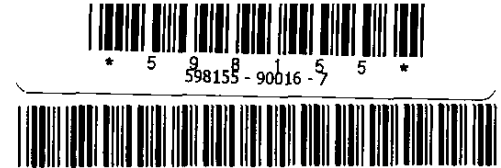
1. Corporation Name

ROUMELIOTIKO SOCIETY OF FLORIDA, INC.

Principal Place of Business
2500 NE 49
LIGHTHOUSE POINT FL 33064

Mailing Address
6810 MIAMI LAKES
MIAMI LAKES FL 33014
US

Maria Dimitriou
5112 Taft St Hollywood FL 33021



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/02/1981 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

DIMITRIOU, MARIA
5112 TAFT ST
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name	Maria Dimitriou
82 Street Address (P.O. Box Number is Not Acceptable)	5112 Taft St
83 City	Hollywood FL 33021
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Maria Dimitriou

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/23/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Rigalos Theofanis
NAME	RIGALOS, THEOFANIS	1.2 NAME	290 NW 125 St
STREET ADDRESS	290 NW 125TH ST	1.3 STREET ADDRESS	North Miami FL -
CITY-ST-ZIP	NORTH MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	No V.P.
NAME	RIGAS, JOHN	2.2 NAME	
STREET ADDRESS	440 PARADISE ISLE BLVD APT 205	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33009	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	Dimitriou Maria
NAME	DIMITRIOU, MARIA	3.2 NAME	5112 Taft St
STREET ADDRESS	5112 TAFT ST	3.3 STREET ADDRESS	Hollywood FL 33021
CITY-ST-ZIP	HOLLYWOOD FL 33021	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	Dimitriou Maria
NAME	CARRAS, GERASIMOS	4.2 NAME	5112 Taft St
STREET ADDRESS	4812 NW 15TH ST	4.3 STREET ADDRESS	Hollywood FL 33021
CITY-ST-ZIP	COCONUT CREEK FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria Dimitriou

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/99. 954 (964 8362)

Date

Daytime Phone #

CR2E037 (5/99)